

5c-4 912

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HN		65-14-01
O.I.P.E. CLASSIFIER	W		5/30/01
FORMALITY REVIEW	AM	912	07-06-01
RESPONSE FORMALITY REVIEW	CJ	825	10/10/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	5/10/01
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
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50 ✓	

Claim	Date
Final	5/10/01
Original	
51 ✓	
52 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy